



State Employee's Personal Property

Employee's Name		Title/Classification		
Department/Division			Location/Address	
Quantity	Item	Complete Description (nanufacturer, serial number, color, etc.)	
(0 1:				
(Continue listing on additional pages if needed.)				
Check the appropriate box below, then sign and date the form.				
\square I have brought the above item(s) to my work as stipulated in the terms and conditions of my employment.				
☐ I have voluntarily brought the above items(s) to my area of employment. I recognize that the State of Minnesota assumes no responsibility for these items or for any damages thereto by other state employees, patients, residents or inmates, except as provided by law.				
I will update this list if there are any additions or deletions to it at any time.				
Employee's Signature		Date	Supervisor's Signature	Date
REMOVAL OF PROPERTY: The employee's supervisor must sign this form verifying that the listed items have been removed from the place of employment upon the employee's transfer, resignation or termination. I certify that the employee listed above has removed his/her personal property from this office.				
		<u>-</u> :	Supervisor's Signature	Date
WHEN TO USE THIS FORM				

An employee should complete this form for an personal items brought to his/her place of employment of a pilferable nature for which a conflict over ownership may arise when the employee seeks to remove the items. Items which are brought into the place of employment for long-term use must be recorded on this form. In addition, items of equipment brought in the place of employment for short periods of time on a frequent basis must also be recorded. Personnel who live in the state-provided housing with state furnishings are required to complete this form for all personal items brought into the housing. Department personnel are responsible for maintaining inventories of all state-provided furnishings in these residences and to take inventory of these items after employees have vacated the premises.

Distribute one copy of this form to the Agency Coordinator, one to the Supervisor, and one copy to the Employee.

12/13